

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original 03/08	
1 + N	
2 +	
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11	
12	N
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓✓
20	X
21	X
22	X
23	X
24	X
25	X
26	X
27	X
28	X
29	X
30	X
31	X
32	X
33	X
34	X
35	X
36	X
37	X
38	X
39	N
40	+
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Claim	Date
Final Original 03/08	
02/13	
03/13	
51 + N	
52 +	
53 +	
54 +	
55 +	
56 +	
57 + N	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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